Montana Secretary of State RECORDS AND INFORMATION MANAGEMENT

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Agency Name					 Submit the original to Records and Information Management (RIM) and retain the copy. 									
Program Name				Program Code (call if unknown)										
1	2	3a	3b	4	5	6		7	8	9	10	11		
Box No.	Locator Number (SOS Use Only)	Beg Year by FY/Cal	End Year by FY/Cal	Records Series Title and Description	Schedule Number	ltem #		sential ecord	Retention Period (in years)	Disposal Year	Disposition Method	Approved Disposal Number		
Contact Na	ıme	<u>I</u>	l	Contact Phone Number	Date	Cubic Fe	et	Initial &	Date Reviewed	Initial & D	Date Received by cord Center	<u> </u>		

TRANSMITTAL OF RECORDS

Basic Instructions

- Box Numbers should run sequentially. Avoid starting over with #1.
- Prepare an original and make a copy.